VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

August 12, 2010

Mr. William Young, Administrator
Maple Leaf Farm
Po Box 120, 10 Maple Leaf Road
Underhill, VT 05489

Dear Mr. Young:

Thank you for the cooperation you gave our surveyor during the survey conducted on **July 13, 2010** at your facility.

Enclosed is the Therapeutic Community Residence Survey Statement indicating that your facility is in substantial compliance with the current regulatory requirements. Congratulations to you and your staff.

Please sign and return the Survey Statement no later than **August 22, 2010**

If you have any questions regarding this report, please feel free to contact this office at (802) 241-2345.

Sincerely,

Suzanne Leavitt, RN, MS
Assistant Director

SL:jl

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0519	A. BUILDING _____ B. WING _____	07/13/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE LEAF FARM	PO BOX 120, 10 MAPLE LEAF ROAD UNDERHILL, VT 05489

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 001	INITIAL COMMENTS An unannounced on-site licensure survey was conducted on 7/13/2010. The facility is in substantial compliance with all regulatory requirements.	T 001		

Division of Licensing and Protection

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE